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## Facsimile Transmittal

To: Examiner George R. Evanisko  
Art Unit: 3762

Fax: (703) 872-9306

From: Patrick J.S. Inouye

Date: November 22, 2004

Re: U.S. Patent Application  
Serial No. 10/646,105

Pages: 33 (including cover sheet)

CC:

Urgent       For Review       Please Comment       Please Reply       Please Recycle

Notes:

Examiner Evanisko:

Please find attached the following documents regarding the above-identified U.S. patent application.

- USPTO Transmittal Form
- USPTO Fee Transmittal Form
- Credit Card Payment for \$110.00
- Office Action Response
- Terminal Disclaimer To Obviate A Double Patenting Rejection Over Prior Patents

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PTO/SB/21 (04-04)

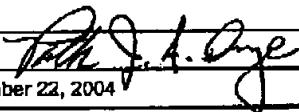
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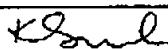
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<b>TRANSMITTAL FORM</b> <i>(To be used for all correspondence after initial filing)</i>		Application Number	10/646,105
		Filing Date	August 22, 2003
		First Named Inventor	Bardy, Gust H.
		Art Unit	3762
		Examiner Name	George R. Evanisko
Total Number of Pages in This Submission	1	Attorney Docket Number	020.0339.US.CON

<b>ENCLOSURES (Check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Facsimile Cover Sheet</b>	
		Remarks	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or individual name	Law Offices of Patrick J.S. Inouye
Signature	
Date	November 22, 2004

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Krystyna Szul		
Signature		Date	November 22, 2004

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006, OMB 0651-0052

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	10/646,105
Filing Date	August 22, 2003
First Named Inventor	Bandy
Examiner Name	George R. Evanisko
Art Unit	3762
Attorney Docket No.	020.0339.US.CON

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: 503031 Deposit Account Name: Law Offices of Patrick J.S. Inouye		<b>3. ADDITIONAL FEES</b> Large Entity      Small Entity Fee Code (\$1)      Fee Code (\$1)      Fee Code (\$1)      Fee Description      Fee Paid 1051 130 2051 85 SurchARGE - late filing fee or oath 1052 50 2052 25 SurchARGE - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1612 2,520 For filing a request for ex parte reexamination 1804 820* 1804 820* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 85 Extension for reply within first month 1252 430 2252 215 Extension for reply within second month 1253 980 2253 490 Extension for reply within third month 1254 1,530 2254 788 Extension for reply within fourth month 1255 2,080 2255 1,040 Extension for reply within fifth month 1401 340 2401 170 Notice of Appeal 1402 340 2402 170 Filing a brief in support of an appeal 1403 300 2403 150 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,370 2453 685 Petition to revive - unintentional 1501 1,370 2501 685 Utility issue fee (or reissue) 1502 490 2502 245 Design issue fee 1503 660 2503 330 Plant issue fee 1480 130 1480 120 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1808 180 1808 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 790 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application  SUBTOTAL (1) (\$ 110.00)			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> Extra Claims      Fee from Below      Fee Paid Total Claims:      -20**=      X      = Independent Claims:      - 3**=      X      = Multiple Dependent:      -      X      =  Large Entity      Small Entity Fee Code (\$1)      Fee Code (\$1)      Fee Description 1202 18 2202 9 Claims in excess of 20 1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid 1204 88 2204 44 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$)		Other fee (specify) _____ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 110.00)			

\*\* or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Patrick J.S. Inouye <i>Patrick J.S. Inouye</i>	Registration No. (Attorney/Agent)	40297	Telephone (206) 381-3900
Signature			Date	November 22, 2004

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